

AIDS Case Management Program (CMP)

CMP FY 2007-2008, 2008-2009 & 2009-2010

Budget Transmittal Form and Checklist

Due by: March 23, 2007

To: California Department of Health Services
Office of AIDS
Community Based Care Section
MS 7700
PO Box 997426
Sacramento, CA 95899-7426
Attention: Julie Brozek

From: Name of Agency: _____
Project Director's Name/Title: _____
Telephone: (_____) _____
E-Mail Address _____

A. **One set** of the following documents are enclosed:

- ☐ Budget Transmittal Form and Checklist
- ☐ Five Line-Item Budget for FY 2007-2008
- ☐ Budget Justification Narrative for FY 2007-2008
- ☐ Total Funding for Client Services for FY 2007-2008
- ☐ Five Line-Item Budget for FY 2008-2009
- ☐ Budget Justification Narrative for FY 2008-2009
- ☐ Total Funding for Client Services for FY 2008-2009
- ☐ Five Line-Item Budget for FY 2009-2010
- ☐ Budget Justification Narrative for FY 2009-2010
- ☐ Total Funding for Client Services for FY 2009-2010
- ☐ Notification of Type of Audit (**please sign with any ink color other than black**)
- ☐ Payee Data Record (Std. 204)
- ☐ Agency Information Sheet
- ☐ Proof of Insurance:
 - Community Based Organizations: Current *Certificate of Insurance*
 - Counties: *Letter of Self Insurance*

B. **Exemptions:** (Please refer to Chapter 3.C of the *Program Operations Manual (POM)* for information on requesting or renewing an exemption.)

- ☐ None – no exemptions requested or renewed at this time.
- ☐ Staff Qualifications (to be requested before hire): ☐ NCM ☐ SWCM
- ☐ Staff-to-Client Ratio: ☐ NCM ☐ SWCM
- ☐ Direct Care Services:
 - ☐ In-Home Skilled Nursing
 - ☐ In-Home Attendant Care
 - ☐ Homemaker Services
 - ☐ Nutritional Counseling/Home-Delivered Meals
 - ☐ Psychotherapy
 - ☐ Non-Emergency Medical Transportation
 - ☐ Hospice (CMP only)
 - ☐ Other, specify: _____

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C. Project Director's Approval:

I have reviewed the enclosed documents and affirm that:

- ☐ They are complete and accurate.
- ☐ If each fiscal year five-line item budget and BJN are identical, the total dollar amounts for CMP are for the 2007-2008 fiscal year and may be subject to change in future fiscal years.
- ☐ All dollar amounts have been rounded to the nearest whole dollar and percentage figures to the nearest whole number.
- ☐ Subtotals for both the five line-item budget and BJN agree. Grand totals in all documents agree, including the total of CMP funds in the "Total Funding for Client Services" table.
- ☐ Staff meets licensing, education and experience requirements specified in the Joint AIDS Case Management Protocols (JACMP) or we have submitted an exemption request or renewal.
- ☐ Staff-to-client ratios comply with the staffing standards or we have submitted an initial or renewal exemption request.
- ☐ All client services are provided by non-agency staff or we have submitted an initial or renewal exemption request.

Project Director (print name)

Signature

Date